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ABSTRACT

Planning, implementing, and evaluating an effective community health program requires a basic understanding of the dynamics and precedents that affect such programs. A community health program's general goal is to assist individuals and communities in identifying and meeting their health problems. In order to accomplish this goal the American Public Health Association has developed general objectives for future planning. Further, an understanding of the concept of basic human needs as it is related to community health programs is essential to a health program. The resolution of community health problems can be facilitated by understanding and dealing with the five processes (planning, organizing, directing, coordinating, and controlling) required for effective administration. Any program to be effective and efficient must be accountable for six program aspects: prevention, detection, appraisal, treatment, rehabilitation, and evaluation. With these program objectives, processes, and aspects in mind the eight procedures (establishing goals, clarifying goals, restating program goals in official written form, developing an action plan, establishing enabling objectives, collecting materials and resources, establishing evaluation criteria, and relating to program goals) should be utilized in implementing a health program that is relevant to human and community needs. With all these elements functioning properly health programs can expect success. (Author/bP)

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PLANNING, IMPLEMENTING AND EVALUATING COMMUNITY HEALTH PROGRAMS*

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Background and Orientation

Planning, implementing and evaluating an effective community health program requires a basic understanding of the dynamics and precedents that effect such programs. One such effect is that some community health problems require individual effort for resolution; others, a concerted community effort.

A community health program has two general goals: (1) to assist individuals in identifying and meeting their individual health problems and (2) to assist communities in identifying and meeting community health problems. Community health programs are created by situations which render individuals or groups unable to meet basic human needs; and/or the individuals or groups are unable to meet these needs as efficiently as they could be met if specialized programs were established to resolve the issues. These issues usually present themselves as health problems, more specifically they surface as problems that are already of crisis proportion. When difficulties occur it is because the program that was developed can no longer meet the needs it was designed to fulfill, or is unable to accurately assess what the "real" needs are.

In order to accomplish the two main goals of community health, the Program Area Committee on Medical Care Administration of the American Public Health Association developed the following objectives for health planning:

1. Improve organization patterns for health services.
2. Speed development of needed new health services, strengthen existing services, and improve utilizations.
3. Discourage programs not needed in the community.
4. Improve the quality of health care through better coordination.
5. Eliminate duplication of health services among official and voluntary agencies at all levels.
6. Reduce fragmentation of health services at the state and community levels.
7. Help to achieve better geographical distribution of health services, with optimum utilization.
8. Establish priorities among new health programs and services, develop better balance among health programs, and provide services more responsible to the special health needs of the area.
9. Foster better use of scarce health manpower and more effective development of training resources.
10. Identify health needs and problems and help set realistic goals, keeping expected changes in the area's characteristics in mind.
11. Spur faster application of new health knowledge.
12. Encourage closer relationships among health services, research, and training.
13. Help to integrate health needs into physical, economic, and other areas of planning for community development.

Basic Human Needs

An understanding of the concept of basic human needs as it relates to community health programs is essential to planning, implementing, and evaluating. All individuals have a set of universal needs. For example, maslow has suggested that there are five general types of human needs. He believes that they are hierarchial in nature and that they are universally present in human beings. His hierarchy would be: physiological needs (e.g., air, water, nutrition), safety needs (e.g., security, order), belongingness and love needs (e.g., affection and identification), esteem needs (e.g., prestige, success, self-respect) and the need for affection until his hunger is satisfied. So it is with each higher order need - it can not be dealt with until lower order needs are satisfied. Other need systems or models have been presented and described by many individuals such as Rotter, Homel, Erickson. Their importance to us is not which is correct, but, rather, that we accept the fact that certain conditions (human needs) motivate people to behave in fairly predictable patterns and that unmet needs, whether individual or group, create difficult situations which community health programs are called upon to help resolve.

Administrative Considerations

The resolution of community health problems can be facilitated by understanding and dealing with the processes required for effective administration. These can be broken down into five portions: planning, organizing, directing,

coordinating, and controlling. In order to establish and maintain a program that will fulfill its goals, all of these areas must be included. The planning aspect is concerned with deciding, in advance, what is to be done and what techniques and methods are to be utilized in future action. It involves goal setting, determining who does the planning, deciding when to plan, reconizing policies that are required for successful operation, and developing standardized procedures and methods for operation. The second element, organizing, is concerned with dividing and grouping the work to be done into individual tasks (objectives) and defining the relationship between the individuals fulfilling these tasks.

The third element is directing. Directing deals with initiating the action plan and setting parameters, ordering or empowering others to act, and then overseeing and supervising the entire action plan. coordinating consists of syncronizing, unifying, and integrating all of the diverse elements and objectives of the organization toward the accomplishment of its' objectives. Finally, controlling is charged with determining whether or not everything is proceeding in accordance with the action plan. It is the element that must closely relate to all other aspects. With all of these elements functioning properly, the program can expect success.

Organizational Structure

There is an organizational structure for community health programs that must also be understood. Programs have been

planned and initiated without understanding the need for organizational structure or the structure has been ignored. Enormous amounts of human effort and other resources have been wasted as a result. Any program, to be effective and efficient, must account for all of the following program aspects: (1) prevention, (2) detection, (3) appraisal, (4) treatment, (5) rehabilitation, and (6) evaluation. This does not imply that every program must attempt to deal directly with all of these areas. It is imperative, however, that all of these areas be considered and studied when initiating and while conducting health programs. Failure to examine and deal with one or more of these comprehensive program elements is wasteful and inefficient at best and is disastrous at its worst. For example, when programs have as their main goal to provide treatment, but are unaware of the appraisal and detection techniques used on the patients it serves, they operate ineffectively. Further, they might not be aware of what happens to the individual after the treatment in terms of his rehabilitation, not to mention evaluation of product and process. Many, if not most, programs ignore the need for developing techniques to determine whether or not the goals of their program are being met. Comprehensive program development and planning are essential!

This type of orientation and overview suggests that <u>all</u> community health problems are the same in origin and that the programs developed to resolve them require the same basic components to operate effectively. Human needs only show themselves in different ways, and programs only focus on

different aspects of the total picture. Further, it implies that mental illness, juvenile delinquency, drug abuse, diabetes, cancer, accidents, and on and on are all merely symptoms of unmet human needs. This type of orientation keeps the focus on PEOPLE -- not problems. Diabetes, drug abuses, accidents, and mental illnesses are not the problems, it is the people with these conditions who are the problems and who need attention. People have a right to well planned and well run community health programs.

Identifying Unmet Needs

Numerous indicators of unmet human needs are available to us. For instance, heart rate might be an indicator of a physiological need (example: it can reflect the need for oxygen). A heart rate of 120 for an individual who is sitting and who has been at rest, could be an indication of a problem -- an unmet human need. The unmet need could be physical, but it could also be mental or social. It is, in reality, along with all of the other physiological indexes, only a symptom - a symptom that warrants added examination and investigation. If the individual is 3 weeks old, we could say this symptom (heart rate) is fairly normal; however, if the individual is 18 years old, we would want to investigate further. If we discover he was calling to make his first date, the elevated pulse rate would be understandable. The point is, all such tests are just indicators of symptoms that could be caused by many different situations. The same is true

for indicators of unmet mental and social needs. These indicators take the form of feelings or attitudes under usual conditions.

The emphasis suggested by this overview is PEOPLE, not problems. All people have basic needs that must be fulfilled. At times it is either necessary and/or desirable to establish programs to assist individuals and communities fulfilling those needs. It stresses the importance of verifying symptoms and relating them to the proper need. It demands programs be planned with the needs of people as the goal and that the actions plans for attaining the goals maintain that focus. The materials and resources necessary for the action plan must be organized, and finally, some method of evaluating whether or not goals have been attained must be established. An underlying, but important message, should be apparent -- good programs require a tremendous amount of hard work.

Procedures for a Successful Program

1. Establish Program Goals

   1.1 Written statements that describe precisely what the program planners believe can be done for the individuals and groups the program intends to service, must be develo[illegible]d.

   1.2 Goals containing a statement of the programs desired accomplishments must be written by leadership personnel (6 to 8 people) who will be involved with the program.

1.3 Goals should be written in terms of the user (clients, patients) instead of in terms related to administration or operation.

2. Clarify Goals

2.1 If the program will utilize personnel, enabling activities, resources, or evaluation techniques of existing programs, either national or local, carefully compare the goals of that program to the one being planned. Differences do not mean the planners are wrong in their goals they have established. In fact, local opinion may be more accurate than that generated for national or more broadly based programs. Be especially critical of programs who do not identify what their goals are.

2.2 Obtain broadly based input detailing the nature of the target group. Gather information from as many sources as possible on such things as income levels, age ranges, cultural and ethnic groups involved, and so on. Specific input should also be obtained from individuals who are members of the target group.

2.3 Identify the social and political issues that are likely to influence the program both positively and negatively. At this point it is essential to consider these matters; however, the specific means of mobilizing positive support and of dealing with

opposition should be postponed until the program goals are established. The action plan should deal with the specifics of how to mobilize these factors.

3. Restate Program Goals in Official Written Form

4. Develop an Action Plan (Objectives)

   4.1 The action plan requires a precise breakdown of each of the program goals. The goals are divided into the objectives necessary to accomplish each goal.

   4.2 To determine the number of objectives necessary per goal, the goal must be subdivided so that each objective describes only one action and identified criterion acceptable for completion. Such specificity will maximize the accuracy of the rest of the action plan.

   4.3 Rank the objectives in the order that they need to be accomplished. Prioritizing the list insures that objectives requiring prerequisite action get the necessary preparation.

   4.4 Carefully check the entire list of objectives to insure that all components necessary for a comprehensive health program are included. As mentioned earlier, it is essential that the program identify its specific goals, but that is also determines its relationships with programs and individuals who relate through one or more aspects.

the objective list then must deal with prevention, detection, appraisal, treatment, rehabilitation, and evaluation (Refer to Background and Orientation Section for rationale). It may only be necessary to identify what is going on in the community with regard to one or more or these aspects; however, those aspects that are directly within your programs' goals statements will require considerable development.

4.5 In addition to the check for including all the necessary aspects of a community health program it is essential to run a check of administrative components. Check to make sure that in compiling the objectives list the elements of planning, organizing, directing, coordinating and controlling have all been dealt with (Refer to Background and Orientation Section for a description of the elements).

4.6 Identify the person(s) who are most likely able to accomplish each objective. If more than one person is assigned be certain that there is one who is responsible for completing the task and reporting back the results. Set an expected completion date. It is important to the success of the project that this be done. The date should be negotiated between the program planners and the individual assigned the task.

4.7 A composite list of the objectives (tasks) of the individuals responsible for each goal and the established time-line should be distributed to all those concerned.

5. Establish Enabling Activities

5.1 Take each objective of the action plan and identify as many effective enabling activities as possible to attain it. It is extremely useful to have more then one way of attaining each objective.

5.2 When enabling activities are developed using the objectives as criteria, erroneous decisions will be avoided. It is possible that one or more objectives could be achieved using the same activities. Just be careful not to assume, for instance, that an activity designed to get information to people will also change their attitudes or behavior.

5.3 Carefully recheck the objectives list and identify objectives that deal with each of the administrative processes. These are the easiest objectives to overlook and the ones that can really ruin the whole program. Planning objectives are particularly important. Careful attention here will avoid such things as competing for the target groups time (i.e., scheduling a Venereal Disease Program for teenagers on Homecoming evening).

6. Collect Material and Resources

6.1 Check each enabling activity and determine what kind and what amount of materials and resources will be needed.

6.2 List resources and materials with estimates for the amount of time, effort, money each requires. Such a list will enable you to compare what you've got with what you need. If you come up short it may mean you will have to rearrange your action plan to accommodate that task (i.e., if you do not have enough money or manpower to complete the project, it might be better to not start it at this time).

7. Establish Evaluation Criteria

7.1 The primary purpose of evaluation ought to be to inform individuals that they have completed what they set out to do. This goes for both program staff and patient/ client.

7.2 If the action plan was developed as indicated each objective stated a criteria for acceptable conditions for completion.

7.3 Keep in mind the whole action plan when you obtain negative evaluation. It does not necessarily mean the objective was inaccurate. If it is an integral part of achieving the goal, it is wise to check through the system (enabling activities, resources, and materials).

8. Relate to Program Goals

8.1 This step keeps providers and users focused upon the task rather than the tools utilized to obtain them. A reminder -- planning, implementing, conducting, and evaluating community health programs is extremely hard work. It is also extremely rewarding when it delivers a service that helps an individual or group identify and resolve a health problem -- A PEOPLE PROBLEM!